
State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	Variable Annuity Application (RPA)		
Project Name/Number:	/		

Filing at a Glance

Company:	Thrivent Financial for Lutherans
Product Name:	Variable Annuity Application (RPA)
State:	Arkansas
TOI:	A03I Individual Annuities - Deferred Variable
Sub-TOI:	A03I.002 Flexible Premium
Filing Type:	Form
Date Submitted:	12/12/2012
SERFF Tr Num:	THRV-128781669
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Karen Guyette, Matt Holderness
Reviewer(s):	Linda Bird (primary)
Disposition Date:	12/18/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: Arkansas
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: Variable Annuity Application (RPA)
Project Name/Number: /

Filing Company: Thrivent Financial for Lutherans

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/18/2012
State Status Changed: 12/18/2012
Deemer Date: Created By: Karen Guyette
Submitted By: Karen Guyette Corresponding Filing Tracking Number:

Filing Description:

We are submitting for your review and approval a new variable annuity application. The application is described below.

Form 23453A R12-12, Variable Annuity Application

This is a new application form that replaces application form 23453A R1-12 that was approved by your Department on 1/12/2012.

The only change made from the prior application form is the bracketing of the Optional Living Benefits in Section 6 on page 2 of this application.

The application software on each representative's computer is secure and cannot be altered by the agent. Applications may be electronically submitted to our home office or may be printed, signed, and mailed to us. When an electronic application is completed and has been reviewed with the applicant, all necessary signatures are captured electronically and transmitted as part of the application. Signatures are encrypted and cannot be transferred or used for any other purpose. If any changes are made to the application after the signature has been processed, the signature is erased and the entire application must be reviewed and signed again. The electronic signature, as defined in your state's electronic signature laws, complies with both federal Electronic Signatures in Global and National Commerce Act (E-Sign Act) and state electronic signature laws. In all cases, a printed copy of the signed application will be included in the contract at time of issue.

This application form will be used to apply for Flexible Premium Deferred Variable Annuity Contract, form W-BC-FPVA (05), which was approved by your Department on 1/18/2005.

Other Forms

The following previously approved forms will be used with this application:

- 1) Variable Products Supplement to Application, form 21032 N1-03, which was approved by your Department on 2/05/2003.
- 2) Third Party Owner Application Supplement, form 20954 N1-03, which was approved by your Department on 2/05/2003.
- 3) Receipt for Payment, form W8026 R4-02, which was approved by your Department on 7/16/2002.
- 4) Amendment of Application, form 20887, which was approved by your Department on 11/19/2002.

Marketing

Our variable annuity contract will be offered by Thrivent Financial for Lutherans representatives to Lutherans and their families with issue ages 0-96.

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Company and Contact

Filing Contact Information

Karen Guyette, Compliance Specialist II
625 Fourth Ave. South
Minneapolis, MN 55415

karen.guyette@Thrivent.com
800-847-4836 [Phone] 37251 [Ext]
612-340-5040 [FAX]

Filing Company Information

Thrivent Financial for Lutherans
4321 North Ballard Road
Appleton, WI 54919-0001
(800) 847-4836 ext. [Phone]

CoCode: 56014
Group Code: 2938
Group Name:
FEIN Number: 39-0123480

State of Domicile: Wisconsin
Company Type: Fraternal
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form
Per Company: No

Company	Amount	Date Processed	Transaction #
Thrivent Financial for Lutherans	\$50.00	12/12/2012	65667367

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/18/2012	12/18/2012

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Disposition

Disposition Date: 12/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes

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Form Schedule

Lead Form Number: 23453A R12-12									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Variable Annuity Application	23453A R12-12	AEF	Revised	Previous Filing Number:	THRV-127909464		Application 23453A R12-12.pdf
						Replaced Form Number:	23453A R1-12		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Variable Annuity Application

Section 1 - Proposed Annuitant (Member, unless indicated otherwise)

Name (print title, first, middle, last name, and suffix, as applicable)

Social Security number	Date of birth (mm/dd/yyyy)	Sex	Residence state
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☐ Yes ☐ No Are you (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve duty if serving under published orders for active duty or full-time training)?

Section 2 - Proposed Joint Annuitant (Member, unless indicated otherwise)

Name (print title, first, middle, last name, and suffix, as applicable)

Social Security number	Date of birth (mm/dd/yyyy)	Sex	Residence state
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☐ Yes ☐ No Are you (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve duty if serving under published orders for active duty or full-time training)?

Section 3 - Proposed Applicant Controller

Name (print title, first, middle, last name, and suffix, as applicable)

Social Security number	Date of birth (mm/dd/yyyy)	Sex	Residence state	Relationship to annuitant
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☐ Yes ☐ No Is the Applicant Controller (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve service if serving under published orders for active duty or full-time training)?

**Section 4 - Third Party Ownership (Complete only if the owner is someone other than the annuitant(s).
Must also complete a Third Party Owner Application Supplement.)**

Reason for Third Party Ownership (e.g., estate clearance, retain control, business purposes)

Type of owner:

☐ Individual ☐ Multiple individuals☐ Trust - The trust must be for the benefit, direct or indirect, of the member, member's family or dependent(s).☐ Other -

☐ Yes ☐ No Is the Owner (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve service if serving under published orders for active duty or full-time training)?

Section 5 - Replacement

If 'Yes' to any question in this section, complete the replacement form if required by the state. In addition, if 'Yes' to questions 2 or 3 and you are replacing a life insurance policy, complete Thrivent Financial's replacement evaluation form.

- ☐ Yes ☐ No 1. Does any proposed applicant have one or more existing life insurance policies or annuity contracts with Thrivent Financial or another insurance company?
- ☐ Yes ☐ No 2. Is the contract intended to replace any part of, or all of, another company's life insurance policy or annuity contract?
If 'Yes', is this a 1035 exchange? ☐ Yes ☐ No
- ☐ Yes ☐ No 3. Is the contract intended to replace any part of, or all of, a Thrivent Financial's or subsidiary of Thrivent Financial's life insurance policy or annuity contract?
If 'Yes', is this a 1035 exchange? ☐ Yes ☐ No

Section 6 - Flexible Premium Deferred Variable Annuity - Product Information

Plan Type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Regular Annuity - Non-qualified | <input type="checkbox"/> Roth IRA - Regular Rollover | <input type="checkbox"/> TSA - Employee Transfer/Direct Rollover |
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Money Purchase | <input type="checkbox"/> TSA - Employer Transfer/Direct Rollover |
| <input type="checkbox"/> Traditional IRA - Regular Rollover | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> SEP |
| <input type="checkbox"/> Traditional IRA - Transfer/Direct Rollover | <input type="checkbox"/> SIMPLE - IRA | <input type="checkbox"/> Inherited Traditional IRA* |
| <input type="checkbox"/> Roth IRA | <input type="checkbox"/> TSA - Employee | <input type="checkbox"/> Inherited Roth IRA* |
| <input type="checkbox"/> Roth IRA - Transfer/Conversion | <input type="checkbox"/> TSA - Employer | <input type="checkbox"/> Other - |

*Name of deceased on the source contract/account (complete for inherited plans only)

Optional Living Benefits

- ☐ Yes ☐ No 7 Year Return Protection Allocation
- ☐ Yes ☐ No 10 Year Return Protection Allocation
- ☐ Yes ☐ No Guaranteed Lifetime Withdrawal Benefit

Optional Death Benefits

Basic Death Benefit is included in the contract. In addition, I elect the following optional death benefit(s):

- ☐ Yes ☐ No Maximum Anniversary Death Benefit
- ☐ Yes ☐ No Premium Accumulation Death Benefit
- ☐ Yes ☐ No Earnings Addition Death Benefit

Section 7 - Premium/Billing Information

Total initial premium: \$ _____ ☐ No premium with application

Frequency: ☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly ☐ No bill

☐ _____

First tax year		Second tax year	
Amount	Tax year	Amount	Tax year
\$		\$	

Section 8 - Special Requests

Section 9 - Beneficiary Designation

List full name, relationship to member/payee, and address for each beneficiary.

Primary: _____

First Contingent: _____

Second Contingent: _____

Payment Provisions:

Under the terms of the contract, if this contract has joint annuitants who are also joint owners, then each annuitant will be the other annuitant's sole primary beneficiary. Therefore, if there are joint annuitants who are also joint owners, we will pay the death proceeds to the primary or contingent beneficiaries listed on this beneficiary designation only when there is no surviving Annuitant.

If any beneficiary dies at the same time as the insured/annuitant, or within 15 days after the insured/annuitant dies and before the death proceeds are paid, we will pay the death proceeds as though that beneficiary died before the insured/annuitant.

If two or more persons are named as primary beneficiaries, the death proceeds will be paid equally to the survivors or survivor, unless otherwise directed. The same shall be true for contingent beneficiaries if no primary beneficiaries survive.

When a trust is designated beneficiary, we shall not be obliged to inquire into the terms of any trust. Payment to the trust shall fully discharge us from all liability.

The words "children," "issue," "grandchildren" and "children of a deceased child" shall include adopted children, adopted grandchildren, and adopted children of a deceased child unless otherwise specified.

Beneficiary designations which include the terms "or" or "and/or" will be administered as if the conjunction "and" was used.

Section 10 - Agreement and Signatures

I understand and agree that:

1. I have read (or have had read to me) the statements and answers recorded on this Variable Annuity Application. To the best of my knowledge and belief, they are true, complete and correctly recorded and shall be a basis of any contract issued. My signature applies to all sections and statements on this Variable Annuity Application.
2. This application will become part of the variable annuity contract.
3. No change in this application shall be made without my written consent.
4. **No representative of Thrivent Financial is authorized to change or waive any terms of this agreement or to make any promises or representations other than those contained in this agreement.**
5. **Under the annuity contract applied for, the Accumulated Value and Death Proceeds may increase or decrease daily based on the investment experience of the Variable Account; and the annuity payments, when based on the investment experience of the Variable Account, are variable and are not guaranteed as to minimum dollar amount.**
6. I have received a current variable annuity prospectus. I understand the provisions of the prospectus and agree to its terms.
7. The date of this application is the later of the following dates:
 - a) The date shown on this Variable Annuity Application.
 - b) The date shown on any required supplemental application forms.
8. **The amount of any surrender from a Fixed Period Allocation prior to the end of the period may be increased or decreased by a Market Value Adjustment. Death Proceeds are not subject to a Market Value Adjustment.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

	Signed at city and state
Signature of proposed annuitant (applicant controller if under age 16) and date signed (mm/dd/yyyy)	Signature of proposed joint annuitant and date signed (mm/dd/yyyy)
Signature of owner and date signed (mm/dd/yyyy)	Signature of owner and date signed (mm/dd/yyyy)
Signature of owner and date signed (mm/dd/yyyy)	Signature of owner and date signed (mm/dd/yyyy)
Signature of owner and date signed (mm/dd/yyyy)	

I certify that I have asked all questions and recorded all answers as they were given to me and reviewed these with the proposed annuitant(s)/owner(s). To the best of my knowledge, the contract applied for ☐ is ☐ is not intended to replace any part of, or all of, another life insurance policy or annuity contract.

Signature of representative and date signed (mm/dd/yyyy)	Print name and code number
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
VA A App (RPA) SOV.pdf			

Statement of Variability

Variable Annuity Application, Form 23453A R12-12

The following items have been bracketed to indicate that the information may be subject to change:

1. **Plan Types** may be deleted from the list in Section 6 on page 2 if they become no longer available.
2. The wording “*Name of deceased on the source contract/account (complete for inherited plans only)” in Section 6 on page 2 will be deleted if all of the inherited plan types become no longer available.
3. The title **Optional Living Benefits** in Section 6 on page 2 will be deleted if all of the living benefits become no longer available and it may also be added back if the living benefits become available again. This title will be changed to Optional Living Benefit if only one living benefit is available.
4. The **7 Year Return Protection Allocation** benefit in Section 6 on page 2 may be deleted if it becomes no longer available and it may also be added back if it later becomes available again.
5. The **10 Year Return Protection Allocation** benefit in Section 6 on page 2 may be deleted if it becomes no longer available and it may also be added back if it later becomes available again.
6. The **Guaranteed Lifetime Withdrawal Benefit** in Section 6 on page 2 may be deleted if it becomes no longer available and it may also be added back if it later becomes available again.
7. The bracketed wording shown in Section 9 on page 3 will always appear when the application is completed on paper. However, when the application is completed electronically, this wording will vary based on the type of beneficiary relationship selected.

Any minor typographical errors that are discovered in this form will be corrected.

Thrivent Financial for Lutherans